



YOU ARE CORDIALLY INVITED TO A WORK SESSION

REACHING THE TOP

"There is nothing so unfair as the equal treatment of unequals"
--Justice Felix Frankfurter

Take advantage of this opportunity to use gifted education funds. These work sessions provide teachers and administrators with excellent professional development in gifted education.

TWO options to choose from ... take your pick! Please indicate the option of your choice on the registrations form.

Option 1: DEVELOPING A GIFTED PLAN

Building a framework for identifying and serving the needs of K-12 gifted students.

Who should attend: A team of up to four people; which must include one administrator.

Bring all of the following that your district has developed:

- ☐ District gifted education policy/philosophy statement
- ☐ Identification procedures
- ☐ District gifted education program design – past and/or present

Option 2: INSTRUCTIONAL STRATEGIES FOR GIFTED STUDENTS

A work session focusing on the following: compacting, instructing, and assessing gifted students (K-6) and (7-12).

Who should attend: Teachers (K-12) working with high-ability learners.

Be prepared to share a differentiated lesson you have taught or plan to teach.

You will receive:

- ◀ Six hours of professional development in gifted education
- ◀ Materials including at least one reference book per team
- ◀ Six OPI renewal credits
- ◀ Lunch and beverage breaks

REGISTRATION

Fees: \$60.00 pre-registration per person (includes lunch and one reference book). There is an additional \$10 fee for on-site registration.

Hours: 8:30 am – 3:30 pm

Havre – The Duck Inn (1300 1st St.) – Monday, November 3, 2008

Missoula – Hilton Garden Inn (3720 N. Reserve St.) – Wednesday, November 5, 2008

Helena – Compass Block Bldg./MT School Board Assn. Meeting Room 4th Floor (863 Great Northern Blvd., Ste. 301) – Thursday, November 6, 2008

Miles City – Community College – Room #106 (2715 Dickinson – Friday, November 10, 2008

ACADEMY FOR LEADERSHIP IN GIFTED EDUCATION

8:30am - 3:30pm

REGISTRATION FORM

Name: _____ TITLE: _____

Please circle the option below you wish to attend:

Option 1: Developing a Gifted Plan

Option 2: Instructional Strategies for Gifted Students

Name: _____ TITLE: _____

Please circle the option below you wish to attend:

Option 1: Developing a Gifted Plan

Option 2: Instructional Strategies for Gifted Students

Name: _____ TITLE: _____

Please circle the option below you wish to attend:

Option 1: Developing a Gifted Plan

Option 2: Instructional Strategies for Gifted Students

Name: _____ TITLE: _____

Please circle the option below you wish to attend:

Option 1: Developing a Gifted Plan

Option 2: Instructional Strategies for Gifted Students

(Print duplicate sheet to register additional names)

TOTAL AMOUNT DUE: \$ _____

STOP: Please be sure you circled the option(s) above that each member plans to attend. Thank you!

LOCATION & DATE SELECTED: _____

SCHOOL DISTRICT: _____

ADDRESS: _____

CITY: _____ **ZIP:** _____

PHONE: _____ **FAX:** _____ **EMAIL:** _____

BILL DISTRICT: _____

PURCHASE ORDER # _____

PAYMENT ENCLOSED: \$ _____

PLEASE SEND REGISTRATION FORM AND TOTAL AMOUNT DUE (listed above)
TO:

SAM • 900 NO. MONTANA AVE., STE. A-4 • HELENA, MT 59601
(406) 442-2510 • FAX (406) 442-2518
samjs@sammt.org

Cancellations must be received by Friday, October 24th to receive a refund. There will be no refunds for "no shows".

**** A minimum of 10 participants will be necessary for the workshops to be presented or they will be cancelled. ****

Return registration form by Friday, October 24th